

OPHTHALMIA CROSSING BORDERS

*Belgian Army Doctors between the Military and Civilian Society, 1830-1860*¹

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In his novel *De Loteling*, first published in 1850, Hendrik Conscience tells the moving story of Jan Braems, a peasant's son who took the place of a wealthier man for military service². Upon entering the army, Jan contracts an inflammation of the eyes, which eventually turns him blind and shatters his plans for the future with his beloved Trien. To Conscience's readers, the disease from which Jan suffered was well-known. In the first half of the nineteenth century, a particular epidemic was sweeping Belgium : the so-called "military ophthalmia", a contagious eye disease that was originally most prominent among soldiers. In the novel, Jan's disease is also diagnosed as such. When he and Trien encounter a retired army physician on their journey back home, the physician's assistant, upon inspecting Jan's eyes, proclaims : "He is blind ! It is the old soldiers' disease. We know this plague. But behold the left eye again, Major, it seems to me that it is not yet entirely lost ?"³ The former army physician then miraculously (and free of charge) succeeds in saving Jan's left eye by applying a white ointment, a cure for which Jan and Trien remained grateful throughout their lives. Conscience's novel thus ends with the image of the (army) physician as a philanthropist.

The ophthalmia epidemic in Belgium, to which Jan Braems fell victim, had a considerable history by 1850, one that extended beyond Belgian borders and dated back to the revolutionary wars. British historians have traced back its origins to the conflict between French and British troops in Egypt between 1798 and 1801. In those years, British soldiers suffered from eye infections that were unknown to British army doctors, who spoke of “Egyptian ophthalmia”⁴. As the British returned home, the disease traveled with them, circulating further among the nation’s garrisons, but also affecting the general population. The military campaigns of 1814 turned military ophthalmia into a European disease, as it spread through the armies in the Low Countries, Prussia and Russia. In the Southern Netherlands, the first reports of soldiers with the characteristic granulations on the conjunctiva around their eyelids (which were hence called *des granulés*) appeared in the late 1810s⁵. After the Belgian *Révolution*, the disease circulated further among Belgian soldiers, but was also transmitted to the civilian population at large.

The decision made in 1834 by a commission of military physicians to send infected soldiers home to recover accelerated this process⁶. In the following decades, the epidemic reached its peak. In 1844, the army doctor Henri Decondé tellingly proposed to use the term “ophthalmia of the people” instead of “military ophthalmia”. According to his estimates, one sixth of the Belgian population was infected, a startling figure⁷.

If the ophthalmia epidemic thus easily crossed the borders between the army and civilian society, the historiography of the disease has run up against difficulties in following this movement. In studies of the Belgian army, the disease has mostly been regarded – in line with its description in Conscience’s novel – as an important cause of the overall aversion to the army. Indeed, the encounter with blind soldiers and with those who deserted out of fear for the disease left a deep impression on the civilian population⁸. The social impact of the disease, however, was much broader. As ophthalmia spread from army barracks to civilians’ houses, it inspired the combina-

1. My gratitude goes out to the participants in the Forum Cultural History on 5 June 2015, to editors Josephine Hoegaerts and Nel de Mûelenaere, and to the reviewers for their helpful suggestions to develop this article. 2. HENDRIK CONSCIENCE, *De Loteling*, Antwerpen, 1850. 3. *Idem*, p. 134: “Hy is blind! Het is de oude soldatenkwael. Wy kennen die plaeg. Maer bezie het linker oog eens, Majoor; het is nog niet gansch weg, dunkt my?” 4. CATHERINE KELLY, *War and the Militarization of British Army Medicine, 1793-1830*, London, 2011, p. 51-52; LUKE DAVIDSON, “‘Identities Ascertained’: British Ophthalmology in the First Half of the Nineteenth Century”, in *Social History of Medicine*, no. 9, 1996, p. 313-333. 5. See for example: JOSEPH-FRANÇOIS KLUYSKENS, *Dissertation sur l’ophthalmie contagieuse qui règne dans quelques bataillons de l’armée des Pays-Bas*, Gand, 1819. 6. A brief overview of the decisions taken by the military to contain ophthalmia in Belgium is included in: E. EVRARD, J. MATHIEU, R.J. FRANÇOIS & R. MOORTHAMERS, *Asklepios onder de wapens. 500 jaar militaire geneeskunde in België*, Brussel, 1997, p. 211-212. The Leuven ophthalmologist Luc Missotten has identified the disease as trachoma: LUC MISSOTTEN, “Napoleon en de Leuvense oogheelkunde” (Lecture on 12 March 2013). 7. HENRI DECONDÉ, *Hygiène de l’ophthalmie dite des armées*, Liège, 1844. 8. LUC DE VOS, *Het effectief van de Belgische krijgsmacht en de militiewetgeving, 1830-1914*, Brussel, 1985, p. 73-95.

tion of governmental and philanthropic initiatives (e.g. subsidized dispensaries for eye diseases), it shaped social views on blindness and disability, it stimulated research into eye diseases and the development of ophthalmology, and it triggered a public debate on the long-term social effects of the disease and the responsibility of the government for the health of (former) soldiers. Each of these topics offers new perspectives to study the army as a less isolated institution and focus more on its relation to civilian society. To realize this potential, a broad perspective is needed. Indeed, much of the medical knowledge on the disease, expertise in patient care and questions of financing did not remain limited to the military. A combined analysis of military and civilian responses to the epidemic may allow us to study the army as an actor in histories of medicine, public health and disability⁹.

This article puts one of these possible perspectives into practice. It analyzes the development of ophthalmology in Belgium, a specialized medical subfield that benefited from the considerable investments to contain the epidemic. It focuses in particular on the early history of the Belgian military health service, at a time when army doctors tried to affirm their authority on ophthalmia. Given its primary appearance among soldiers, military physicians took a leading role in research on the disease. But just as the epidemic itself did not respect the boundaries between the army and the general population, neither was medical knowledge

on ophthalmia strictly limited to the military. In shaping their position as specialists on the disease, military physicians needed to cooperate and compete with a wide range of experts, while at the same time taking into account the views of politicians and the broader public, who followed their efforts closely. Military physicians were well aware of these sensitivities and perceptions, but also understood the advantages of conducting medical studies within the hierarchical structure of the Belgian army, in which patients' protests mattered far less than in civilian practice. Their writings on ophthalmia therefore serve as a window on the boundaries between military and civilian medicine in mid-nineteenth century Belgium.

In the following paragraphs, I will show how army doctors' position as specialists in ophthalmology developed parallel to the trajectory of ophthalmia, as it was transmitted from the army to the civilian population. First, I will discuss the medical infrastructure that army doctors had at their disposal, both within and outside of the Belgian military health service. Second, I will look at military physicians' confrontations with other experts in eye diseases. In the third section, I will study one of these confrontations – with the rural physician Jean Fierens. Followed closely in the general press, the controversy sheds new light on the public's view of army doctors' capabilities. The fourth and final section will measure the effects of specialization on military medicine and "civi-

9. See for example : PIETER VERSTRAETE & CHRISTINE VAN EVERBROECK, *Verminkte stilte : de Belgische invaliden van de Grote Oorlog / Le silence mutilé : les invalides belges de la Grande Guerre*, Namur, 2015.



Om mij te mogen beminnen (blad. 107).

A scene from Conscience's De loteling : the blind soldier Jan Braems, accompanied by Trien, resting on his way home. (HENDRIK CONSCIENCE, De loteling, Brussels, Lebègue, 1914, p. 10)

lian" ophthalmology. By the middle of the century, the privileged position of ophthalmological research within the Belgian army disappeared as the disease spread to the civilian population at large.

I. An Infrastructure for Experiments

The Belgian military health service was created parallel to the organization of the Belgian army in 1830. During the summer protests against the Dutch ruler, a Military Health Council was put together, which determined the general structure of the new service, modelling it after the Dutch military health service established in 1814. Its priority was setting up the necessary medical infrastructure, which resulted in the (re)opening of six "primary" and four "secondary" military hospitals. The leading figure behind these reforms was Jean-François Vleminckx, a physician with strong liberal sympathies who belonged to the inner circle of the new political leadership¹⁰. When the Military Health Council was abolished in January 1831 and replaced by a hierarchical chain of command, Vleminckx became the first "inspector general" of the military health service, a function he held until 1864. It meant the start of a successful, yet contested career in state service, as he combined his military

functions with numerous positions outside of the army, such as the presidency of the Belgian Academy of Medicine (established in 1841) and the inspectorship of the health services of the railways and prisons. The combination of these different jobs brought about a lot of critique from his medical colleagues, some of them considering his policies authoritarian and self-interested¹¹.

At the foundation of the military health service, most army doctors did not possess an academic medical degree. They were so-called "health officers" (*officiers de santé*), a second-class medical degree, obtained at private schools and introduced during the French occupation. Vleminckx tried to remedy this situation in the 1830s and 1840s by encouraging further academic study and by only appointing new army doctors with academic degrees. At the Leuven military hospital, he founded an officers' school for the Belgian army doctors, a training center similar to those of neighboring countries (e.g. in Utrecht and Paris)¹². However, due to budget cuts, this school was soon abolished. An academic medical degree was hence the only prerequisite to apply for a position as army doctor. In case of multiple candidates, a comparative exam on military-medical matters was held, after which one

10. E. EVRARD, "De omwenteling van 1830", in E. EVRARD, J. MATHIEU, R.J. FRANÇOIS & R. MOORTHAMERS, *Asklepios onder de wapens...*, p. 125-143. 11. For a discussion of the critique from the rank and file of the medical profession on the 'elitist' academy and its president: RITA SCHEPERS, *De opkomst van het medisch beroep in België. De evolutie van de wetgeving en de beroepsorganisaties in de 19de eeuw*, Amsterdam, 1989, p. 83-87. 12. Vleminckx had the model of the *école d'application* of the French military hospital *Val-de-Grâce* in Paris in mind: J. MATHIEU, "De Belgische militaire gezondheidsdienst in de 19^{de} eeuw", in E. EVRARD, J. MATHIEU, R.J. FRANÇOIS & R. MOORTHAMERS, *Asklepios onder de wapens...*, p. 205-232. On the medical training of the Dutch army doctors: DANIEL DE MOULIN, "s Rijkskweekschool voor militaire geneeskundigen te Utrecht (1822-1865)", in *Nieuwe Nederlandse bijdragen tot de geschiedenis der geneeskunde en der natuurwetenschappen* 26, Amsterdam, 1988.

could acquire a certificate. Medical students who continued their studies during their army services by working in military hospitals had a clear advantage in these exams. In 1848, a system of salaried medical studies was set up, the beneficiaries of which committed themselves to enter the military health service after their studies. By then, the military medical corps – parallel to the army as a whole – had decreased in size, from 189 army doctors in 1836 to 130 in 1841. The goal was thus a smaller, but better educated medical community¹³.

The struggle against ophthalmia coincided with these reforms. It formed one of the driving forces behind the speedy reorganization of the military health service. During the reopening of the military hospitals, separate rooms were created for soldiers suffering from the disease – a recommendation made during the visit of the French army physician Dominique Larrey in 1831¹⁴. Later on, the existing nine military hospitals, located in Belgium's major cities, were complemented with so-called *dépôts* – in Namur, Ypres and Beverloo – that were specifically intended to receive the soldiers affected with the disease, whose number by 1837 had grown to 7.000. In 1839, these *dépôts* were replaced by one military ophthal-

mological institute, which was housed in the Leuven military hospital. The new institute was directed by Frédéric Hairion, who had been appointed Professor of Ophthalmology in 1836 at that city's Catholic University. Two years later, Jean Julien Van Roosbroeck was appointed to a similar chair at the State University of Ghent¹⁵. Top ranking military physicians thus facilitated an early academic status for ophthalmology, which, given the expansion of the military hospitals and the Leuven ophthalmological institute, had a considerable clinical infrastructure at its disposal.

Another type of infrastructure was realized in the form medical journals and societies, which equally treated the question of military ophthalmia; the gravity of the epidemic served as a means to show the relevance of these new scientific venues. In 1836, the *Bulletin médical belge*, invited "all physicians who have gathered facts that might help elucidate the question of ophthalmia in the army" to submit their observations for publication¹⁶. One year later, the Society of Medical and Natural Sciences of Brussels organized a prize competition on the origins of ophthalmia, which received a lot of attention in the medical press¹⁷. Army doctors were well

13. E. EVRARD, "Kinderziekten en groeipijnen van de gezondheidsdienst", in E. EVRARD, J. MATHIEU, R.J. FRANÇOIS & R. MOORTHAMERS, *Asklepios onder de wapens...*, p. 195-202. 14. On Larrey's visit, see: Id., "Het bezoek van Larrey in België", in E. EVRARD, J. MATHIEU, R.J. FRANÇOIS & R. MOORTHAMERS, *Asklepios onder de wapens...*, p. 175-181. 15. On Van Roosbroeck's career: JEAN-JACQUES DE LAEY, "Van Roosbroeck, Jean Julien (1810-1869)", in *UGentMemorie*, accessed on 13 May 2016 (www.ugentmemorie.be/personen/van-roosbroeck-jean-julien-1810-1869). 16. "Note du rédacteur", in *Bulletin médical belge* (*BMB*), no. 3, 1836 (5), p. 125: "tous les médecins qui auraient recueilli des faits propres à éclairer la question de l'ophthalmie de l'armée". 17. The Society offered the considerable sum of 1500 F. for the best study: "Société des Sciences médicales et naturelles de Bruxelles", in *BMB*, no. 4, 1837 (2), p. 33. This sum had been donated by "a philanthropist from St. Petersburg" in the previous year and applauded by the members of the Brussels Society: "Ophthalmie", in *BMB*, no. 3, 1836 (6), p. 148.

represented among the society members and journals editors that shaped this “civilian” medical world. Florent Cunier was the most active among them. More than any of his colleagues in the army, Cunier understood the opportunities offered by the booming periodical press for research on ophthalmia. Appointed as an army physician after the Belgian Revolution, he climbed the ladder in the military health service, developing at the same time a career in medical journalism¹⁸. As a contributor to the *Bulletin médical belge*, he reviewed foreign studies and commented upon new experiments done in ophthalmology, becoming its editor-in-chief in 1839. One year later, he founded the *Annales d’oculistique*, which promoted ophthalmology as a medical specialty and focused on an audience of mostly, but not exclusively, French and Belgian physicians. According to the French ophthalmologist Carron du Villard, the journal formed “a new tribune for specialized men”, a forum to share expertise in ophthalmology both by military and civil medical practitioners.

Even if the *Annales* were more specialized than the *Bulletin*, both journals shared the same ambition of advancing a new type of

clinical, observation-based medical study¹⁹. Such research was perceived as a clear break with the past. By 1840, the army doctor Constant Loiseau indeed looked back negatively on previous, all too theoretical studies on ophthalmia, “[which had been] imagined in the silence of one’s study and which one no longer finds at the patient’s bedside”; such theories formed “superb scholastic pretensions that are refuted by facts every day”²⁰. It was an indirect critique of the debate over the nature of military ophthalmia that had been conducted during the 1820s. Medical opinion had been divided in two clear camps. The “compressionists”, to which Vleminckx belonged, believed the disease was related to soldiers’ everyday habits, most notably their wearing of tight uniforms, which applied too much pressure on their bodies and could turn a harmless inflammation of the eye into “military ophthalmia”²¹. The “contagionists”, on the other hand, argued for the contagious nature of the disease and its spreading from garrison to garrison, and across national borders. In the course of the 1830s, a consensus emerged, which emphasized the contagious nature of the disease, but also recognized that soldiers’ “predisposition” to contract ophthalmia was closely

18. Staff record of Florent Cunier (Royal Museum of the Armed Forces and of Military History (from here on : RMAF), Officers’ files, no. 4150). 19. On the development of clinical medicine in Europe : OTHMAR KEEL, *L’avènement de la médecine clinique moderne en Europe, 1750-1815. Politiques, institutions et savoirs*, Montréal, 2001; VOLKER HESS, *Von der semiotischen zur diagnostischen Medizin. Die Entstehung des klinischen Methode zwischen 1750 und 1850*, Husum, 1993. 20. CONSTANT LOISEAU, “Sur l’ophthalmie de l’armée belge”, in *Annales d’oculistique*, no. 4, 1840-1841, p. 48 : “imaginée dans le silence du cabinet et que l’on ne retrouve plus au lit du malade” and “ces superbes prétentions scolastiques démenties chaque jour par les faits”. 21. See for example : JEAN-FRANÇOIS VLEMINCKX, *Essai sur l’ophthalmie de l’armée des Pays-Bas*, Bruxelles, 1825.

related to the hygienic circumstances in the army²². Emphasis now shifted to the best therapies for the disease. The method of cauterizing a part of patients' affected eyes, in particular, evoked much attention.

The comparative experiment, during which different treatments were tested and compared, became the primary means of arbitrating between these differing viewpoints. Such experiments, in the words of the editors of the *Annales d'oculistique*, formed "the best means to once and for all give short shrift to contradictory opinions, and end these matters of vanity that divide our medical officers in the military"²³. The large groups of patients in the military hospitals and *dépôts* created ideal circumstances to comparatively test different treatments. In the eyes of many civilian physicians, such access was highly advantageous. They pointed to army doctors' particular relation to patients – soldiers, not citizens from the urban bourgeoisie – which allowed them, in the more hierarchical setting of the army, to administer more painful, but also more effective treatments: "Working with docile soldiers, [they] reach their goal much earlier"²⁴. The dialogue between civilian pa-

tients and physicians on the right treatment to be administered was replaced by a chain of direct orders in the army.

Military physicians put such advantages into perspective. They pointed to the difficulties of treating soldiers. If large groups of patients facilitated comparative experiments, they also held a danger of collective protests. In 1838, Laurillard-Fallot warned against applying too painful treatments, to avoid evoking "an all too strong resistance on behalf of the ill and to not steer them towards the alternative of revolt or demoralization"²⁵. In the report of an experiment conducted in 1840, it was mentioned that the experiment was stopped, "because the ill, who viewed no improvements in their condition, became discouraged, and did not want to submit themselves to new cauterizations"²⁶. This fear of "demoralization" cast a shadow over the experimental culture within the army, which also faced an increasingly negative image as reports of new cases of ophthalmia appeared in the newspapers – reports that were themselves said to have such a demoralizing effect²⁷. For the military physicians, keeping up

22. See the report on the state of the art presented by the French physician Caffé to the Parisian Academy of Medicine after his trip to Belgium: "Ophthalmie de l'armée belge. Rapport lu à l'Académie royale de Médecine de Paris, par M. Bouvier, sur un mémoire de M. Caffé", in *Annales d'oculistique*, no. 2, 1839-1840, p. 123-133. 23. "Du traitement employé par M. Buys pour combattre les granulations palpébrales. Essais comparatifs au dépôt ophthalmique de Namur", in *Annales d'oculistique*, no. 2, 1839-1840, p. 224-225: "le meilleur moyen de fixer une bonne fois les opinions contradictoires, et d'en finir avec ces questions d'amour-propre qui divisent nos officiers de santé". 24. *Idem*, p. 227: "agissant sur des soldats dociles, [ils] arrivent beaucoup plus tôt au but". 25. SALOMON LAURILLARD-FALLOT, "Quelques mots sur la cautérisation des granulations palpébrales", in *Annales d'oculistique*, no. 1, 1838 (3), p. 50: "de trop vives résistances de la part des malades et ne pas les placer dans l'alternative de la révolte ou du découragement". 26. Report of November 20, 1840 of Dr. Lepage to Dr. Vleminckx (RMAF, Service de Santé, no. 2323), "parce que les malades, ne voyant aucun changement avantageux dans leur état, se décourageaient et ne voulaient plus se soumettre à de nouvelles cautérisations". 27. "Nouvelles diverses", in *L'indépendance belge*, August 27, 1838.

soldiers' morale and avoiding – all too strong – protests were part of the particularities of the army as an experimental setting. In that sense, they also identified themselves with the overall mission of the army. Against a background of political tensions with the Netherlands in the 1830s, the army's main task was indeed to prepare for a possible war, which meant controlling soldiers and enforcing discipline.

II. Quacks and Tourists

Despite military physicians' privileged access to patients and to newly developing scientific forums, they did not succeed in acquiring a monopoly of knowledge on the epidemic. The general interest in the disease attracted a wide range of "experts" from within and outside the country, with or without medical degrees, and with little or great scientific ambitions. Army doctors' interaction with these self-proclaimed experts was a matter of constructing authority. Whether or not to cooperate with them, and take their arguments and treatments seriously, were decisions that established boundaries, and therefore shaped ophthalmology as a specialized field and army doctors' position in it. Or, in the words of the sociologist of science Thomas Gieryn, the shaping of ophthalmology was a matter of *boundary-work*²⁸.

One of the problems military physicians faced in differentiating themselves from other aspiring experts was the negative connotation of the terms "specialist" or "specialty" in the mid-nineteenth century. At a time when reformers stressed the unity of the medical field – the introduction of a unified degree in medicine, surgery and obstetrics in Belgium in 1849 testifies of this program²⁹ – the place of "subfields" or "separate branches" within medicine was not self-evident. More specifically for ophthalmology, travelling merchants of spectacles and manufacturers of artificial glass eyes equally stressed their special knowledge and presented themselves as "oculists" or "professors of ophthalmology", thus using the same terminology as contemporary army doctors and academics³⁰. An association therefore arose between specialization and quackery, which reflected the difficulties of establishing "internal" divisions within the medical field at a time when the "outer" professional boundaries – between physicians and non-physicians – were equally in the making. For ophthalmology in particular, the difficulties ophthalmologists experienced in freeing themselves from the pejorative meanings attributed to specialization seem to illustrate George Weisz's argument that in order for specialization to develop, the unity of the medical field needed to be established first³¹.

28. THOMAS GIERYN, *Cultural Boundaries of Science : Credibility on the Line*, Chicago/London, 1999. 29. On medical legislation in nineteenth-century Belgium : RITA SCHEPERS, "Towards Unity and Autonomy : The Belgian Medical Profession in the Nineteenth Century", in *Medical History*, no. 38, 1994 (3), p. 237-254. 30. The relation between ophthalmologists and these traveling merchants caused a heated debate in the *Annales d'oculistique*, see for example : "Une nuée de marchands de lunettes et de fabricants d'yeux artificiels", in *Annales d'oculistique*, no. 11, 1844, p. 57-60. 31. GEORGE WEISZ, "The Emergence of Medical Specialization in the Nineteenth Century", in *Bulletin of the History of Medicine*, no. 77, 2003, p. 536-575.

Within such a competitive context, a strong defense of ophthalmology as a specialized subfield was needed. The French “physician-oculist” Lusardi, in a peculiar opinion piece, claimed the superiority of specialists over “encyclopedists” in the medical field³². He deplored how the specialist was reproached with being “a backward being, with little and limited knowledge, with an instinct for greed and quackery”³³. In commenting on Lusardi’s piece, the editorial board of the *Annales d’oculistique* added more elements to Lusardi’s indictment. In defending specialization, the editors affirmed the journal’s own *raison d’être*. The increasing accumulation of scientific facts necessitated specialization, they claimed, as individual physicians could no longer master all aspects of medical practice. Specialization was thus a sign of scientific progress rather than quackery. It was also this reasoning that led the editorial board to clash with the Parisian Academy of Medicine. In a discussion on Belgian ophthalmia, the Academy had, according to the editors, wrongfully passed over the many studies of Belgian military physicians, a testimony of the academicians’ inadequate knowledge of the specialized literature³⁴. In reinforcing its claims, it cited from the *Gazette médicale de Paris*, in which a critique on the all too brief discussion in the Parisian Academy had equally resulted in a

call for more specialization : “special diseases require specialized physicians”³⁵.

Similar tensions, typical of an emerging specialty pressed in between quackery and general medicine, occurred within the army’s military health service. The potential of obtaining a reward from the Belgian government attracted a wide range of experts in the 1830s, who presented their remedies to the Secretary of War, Jean-Pierre Willmar. The applicants typically stressed the unknown composition of their ointments, a family secret passed on for generations, but did not hesitate to mock medical men : since all “the grand surgeons and celebrated physicians” had failed to find the cause of the disease, one of them added, the answer might as well come from “a man of simplicity, like myself”³⁶. Most of these claims were easily dismissed by Vleminckx, who judged such folk remedies to be “known for a long time already” and “to be found in all ophthalmological textbooks as well as in all pharmacopoeias”³⁷. But when politicians interfered, medical authority was far less easily affirmed. A recipe for a potion acquired by a parliamentarian was simply ordered to be tested in the Brussels military hospital. The decision caused annoyance with Vleminckx, who wrote to Willmar : “every time such experiments take place (...) they have turned

32. On Lusardi, see also : MART VAN LIEBURG, “Het bezoek van de oculist Lusardi aan het Rotterdams gasthuis (1827)”, in *Rotterdams Jaarboekje*, no. 3, 1975, p. 165-175. 33. LUSARDI, “Réponse d’un spécialiste aux attaques des encyclopédistes”, in *Annales d’oculistique*, no. 11, 1844, p. 50 : “un être rétrograde, à la vue basse et bornée, aux instincts cupides et charlatanesque”. 34. “Réflexions sur la discussion de l’Académie”, in *Annales d’oculistique*, no. 2, 1839-1840, p. 133-137. 35. *Idem*, p. 137 : “les maladies spéciales exigent des médecins spéciaux”. 36. Letter of 13 August 1846 of Mr. Vandenbossche-Vankelecom to the Belgian King (RMAF, Service de Santé, no. 2329) : “un homme de toute simplicité comme moi”. 37. Note of 20 September 1838 of Dr Lepage (RMAF, Service de Santé, no. 2301) : “[les collyres] sont connus depuis longtemps et ils se trouvent dans tous les ouvrages d’ophtalmologie de même que dans tous les formulaires médicaux”.

out disadvantageously for the maker and for the ill on whom they were practiced. I therefore request you, M. Secretary, not to order them in the future; I have mentioned it many times before; there does not exist one specific cure for ophthalmia, which has to be treated according to the symptoms it presents during its different stages"³⁸.

Vleminckx's response suggests, first of all, that experiments with new treatments were not uncommon in the military health service. But it also reveals that the military hierarchy could work to the disadvantage of army doctors. The chain of command allowed military physicians, who were officers, to administer (painful) treatments to soldiers without much discussion, but when orders to test new treatments came from above, their medical autonomy and judgment became restricted. These procedures seem to have frustrated Vleminckx, who struggled to convey his medical argumentation on the complexities of the disease to Willmar.

Foreign ophthalmologists formed another category of aspiring experts. The considerable size of the ophthalmia epidemic in Belgium had, in fact, attracted the attention of many foreign physicians, who traveled to Belgium to study the disease and its treatment. Welcoming them was a matter of courtesy in a tradition of scientific travel in which Belgian

doctors themselves participated – Cunier had for example traveled across France to study eye diseases. Encounters with foreign colleagues also fit in with a certain spirit of internationalism in ophthalmology, of which the *Annales d'oculistique*, which presented itself explicitly as an international journal, testified. Besides Larrey's visit in 1831, the German Professor of Ophthalmology Johann Christian Jüngken had been invited from Berlin in 1834 to join a commission on the measures to stop the ophthalmia epidemic from spreading. It was this commission that took the decision to send infected soldiers home to recover, resulting in an entirely opposite effect. In the same tradition, the French specialist in eye diseases Paul Caffé made a tour of the Belgian hospitals, which was much anticipated in the *Annales d'oculistique*. For the editors, Caffé's assessment could highlight the sound work done by the Belgian military physicians, and confirm once and for all the contagious nature of the disease³⁹.

The travels of foreign specialists were not always assessed in a positive way. An anxiety was also present among Belgian ophthalmologists that a too strong reliance on foreign expertise would weaken their own scientific status. Some of these foreigners were described as "touristy oculists" [*oculistes touristes*] who only visited one or two hospitals and then drew up their self-assured conclusions⁴⁰.

38. Letter of Jean-François Vleminckx to Jean-Jacques Willmar s.d. [1838-1839] (RMAF, *Service de Santé*, no. 2310) : "Chaque fois que des essais du genre de celui-ci (...) ont eu lieu, il ont toujours tourné au désavantage non seulement de leur procureur mais des malades sur lesquels ils étaient pratiqués. Je vous supplie en conséquence, Monsieur le Ministre, de ne plus en ordonner à l'avenir; je l'ai déjà dit à plusieurs reprises, il n'y a point de remède spécifique contre l'ophthalmie, qui doit être traitée d'après les symptômes qu'elle présente à ses différents stades". 39. "Variétés", in *Annales d'oculistique*, no. 1, 1838 (4), p. 118-120.

40. *Idem*, p. 118 : "des oculistes touristes".

Pleasurable travel had taken the upper hand over sound scientific work, it was suggested. Vleminckx similarly did not welcome all foreign experts with equal enthusiasm. In his report of the visit of the Parisian Professor of Ophthalmology Goudret, he discredited Goudret by stating that “he had no idea of our ophthalmia and the lesions it brings forth”⁴¹. Vleminckx, however, did not question Goudret’s status as a renowned ophthalmologist – his Parisian academic titles had in fact swayed Willmar to allow the experiment and Vleminckx as well recognized he was “strongly engaged in eye diseases”⁴². He rather stressed the local character of the disease, “our ophthalmia”, which seemingly necessitated locally grounded knowledge and experience. In the *Annales d’oculistique*, such local, special knowledge was linked to army doctors’ proximity to soldiers’ lives. Unlike the tourists, military physicians “live with the soldier, identify themselves with their lives, and know him both in his state of health and his state of disease”⁴³. Such a strategy generally worked well when employed in the direct dialogues between military physicians and the army leadership. It tied ophthalmologists’ professional agenda with the army leadership’s patriotic views by advancing a flexible notion of special knowledge on “Belgian” military ophthalmia.

III. Fierens’ Secret Remedy

Another challenger, the rural physician Jean Fierens, was far less easily put aside. Born in Antwerp in 1792, and having studied surgery in Ghent, Fierens possessed clear medical credentials. He was also familiar with the particular manifestation of “Belgian” ophthalmia. His private practice in Beervelde, a village located twelve kilometers east of Ghent, became a widely known center for the treatment of ophthalmia. In the general press, it was described as “a meeting place for the blind, tens of them make their way to the physician’s residence every day”⁴⁴. Fierens’ public fame turned him into a formidable opponent for the military physicians. Perhaps to further augment his fame, or in the hope of a profit, he had offered to the Secretary of War to treat a number of soldiers with his secret healing method. This offer meant the start of a fierce controversy between him and the army doctors – a controversy that illustrates the difficulties that army doctors ran up against when defending their methods in a public debate. Unlike the disputes with foreign academics, the polemic with Fierens did not remain limited to the closed circuits of correspondence with the army leadership, or even to the relatively isolated scientific milieus in which medical journals circulated. It was fought out publicly in the Belgian parliament and in the general press. In these

41. Letter of 5 October 1840 from Jean-François Vleminckx to Jean-Jacques Willmar (RMAF, *Service de Santé*, no. 2324) : “qu’il n’avait pas une idée de notre ophthalmie et des lésions qu’elle engendre”. 42. *Idem* : “[quelqu’un], qui s’est beaucoup occupé de maladies oculaires”. 43. *Idem* : “qui vivons avec le soldat, sommes identifiés avec sa vie, et le connaissons en état de santé comme en état de maladie”. 44. HIPPOLYTE KLUYSKENS, *Des hommes célèbres dans les sciences et les arts, et des médailles qui consacrent leur souvenir*, Gand, 1859, p. 304-305.



Drawing of the medal Jean Fierens received in 1837 from his patients, out of gratitude for treating them free of charge. (GUIOTH, Histoire numismatique de la révolution belge, ou description raisonnée des médailles, des jetons et des monnaies qui ont été frappés depuis le commencement de cette révolution jusqu'à ce jour, Hasselt, Milis, 1844, pl. xxxiv)

latter settings, the public image of army physicians, and of the military health service and the army in general, constituted a factor that had to be taken into account.

The basis for Fierens' fame lay in his reputation as a philanthropist. In the course of the 1830s, Fierens had cured many patients of ophthalmia free of charge, an effort for which he became widely praised. In July 1836, *L'indépendance belge* reported of "another extraordinary cure" by Fierens, who refused to be paid since the patient was the father of a large family. Another cured soldier was said to have endured "the painful and useless operations of forty-two physicians and surgeons"⁴⁵. These miracle cures inspired a campaign, started in the summer of 1837 by his patients, who could subscribe by paying 20 centimes each, to publicly award "this skillful, philanthropic and altruistic oculist" a medal to commemorate his cures and talents⁴⁶. The presentation of the medal received a great deal of coverage in the Belgian press. It was accompanied by a banquet in which politicians, such as the governor of East Flanders, Pierre De Schiervel, participated. Other reports were less supportive and criticized the way Fierens had

orchestrated the event by inviting politicians and journalists. Such narcissism detracted from his medical merits and humanitarian motives, commented another journalist⁴⁷. If such remarks reflect different interpretations of philanthropy, they also hint at Fierens' ability to construct his reputation through the newspapers.

Compared to Fierens' public reputation as a successful healer, army doctors' skills were far less favorably described. Several interventions in the Belgian parliament hint at a rather negative perception of the military health service. In 1837, the Catholic parliamentarian Eugène Desmet recalled the harmful disagreements on the nature of the disease among the army doctors, referring to the debate between the "compressionists" and the "contagionists", arguing that "by disputing and writing pamphlets for and against, they do not move forward the recovery of the soldier"⁴⁸. In the same year, his colleague Rodenbach declared that the soldiers "had no confidence in the military physicians"⁴⁹. Rodenbach recalled a more recent debate, conducted the year before, on the state of ophthalmia in the Belgian army – a debate during which

45. [Article reproduced from the *Journal des Flandres*], *L'indépendance belge*, 4 July 1836 : "les opérations aussi douloureuses qu'inutiles de quarante-deux médecins et chirurgiens". 46. *Gazette van Gend*, 24 May 1837, p. 3 : "dien kundigen menschlievenden en onbaetzuchtigen oogmeester"; GUIOT, *Histoire numismatique de la révolution belge, ou description raisonnée des médailles, des jetons et des monnaies qui ont été frappés depuis le commencement de cette révolution jusqu'à ce jour*, Hasselt, 1844, p. 237-238. On Fierens' medal, see also : HIPPOLYTE KLUYSKENS, *Des hommes célèbres...*, p. 304-305. 47. "Ovation du docteur Fierens", in *Messenger de Gand*, 16 November 1837. 48. "Séance du samedi 13 mai 1837", Chambre des représentants, (<http://www.unionisme.be/ch18370513.htm> consulted on 27 March 2014) : "se disputer et écrire des brochures 'pour' et 'contre', ne fait en rien progresser la guérison du soldat". 49. "Chambre des représentants. Séance du 13 mai", in *L'indépendance belge*, 14 May 1837 : "ils n'ont pas de confiance dans les officiers de santé".

Baron Evain, Secretary of War at that time, had declared that the ophthalmia epidemic was almost suppressed. During the debate, it became clear that the soldiers sent home to recover were not included in the medical statistics, which hence presented a decrease. In the *Messenger de Gand* such arithmetic was regarded as deceitful : "It is true that one has become more skilled in hiding its ravages. Charlatanism !" ⁵⁰. The episode also reflected negatively on the army's medical leadership, who were regarded in the same newspaper as "the mighty crooks of the health service" ⁵¹.

Against such a background, those who knew of Fierens' reputation lobbied to allow him to test his therapy on a group of soldiers. The provincial governor Pierre de Schiervel, for example, wrote to Willmar that "a bit of professional jealousy" was perhaps the reason that Fierens's remedy, which should not be doubted, had not yet been used in the army ⁵². Such support was effective. Willmar decided that twenty soldiers were to be sent from the military hospital of Ghent to Beervelde to be treated by Fierens. Jean-François Vleminckx and Ferdinand Colson, the head of the Ghent hospital, negotiated in turn that Colson would simultaneously treat ten soldiers. The result was a comparative experiment, which took over a year, to determine which treatment

for ophthalmia was superior. Already, in the setting up of the experiment, conflicts arose. Fierens first refused to treat soldiers infected with "chronic" ophthalmia, a demand he later withdrew. These quarrels were carefully followed in the general press – for some editors, who took up Fierens' defense in their critique of government policy, Fierens had been offered "incurables" at first ⁵³. The early involvement of the newspapers turned what was in essence a scientific controversy into a heated political issue.

For the military physicians, the secrecy that Fierens observed surrounding the nature of his treatment stirred much more indignation than the dispute over the selection of patients. In the Medical Society of Ghent, of which Colson was one of the directors, such secrecy was denounced. One of its members, the military surgeon Auguste Sotteau, declared that it was Fierens' duty as a physician "to make known, in the name of the [healing] art, humanity and his own honor, the methods that he has seen succeed and that, according to him, are the most suitable" ⁵⁴. Colson, at the same meeting, contrasted his own professional behavior with Fierens' silence and strategy of writing to the newspapers, stating that "it is only in a medical society that it is appropriate to expose the method that guides me in the treatment of ophthalmia" ⁵⁵. Colson's

50. "Ophthalmie de l'armée", in *Messenger de Gand*, 4 February 1836 : "Il est vrai qu'on est devenu plus habile à cacher ses ravages. Charlatanisme !". 51. "Ovation du docteur Fierens", in *Messenger de Gand*, 16 November 1837 : "les escrocs puissants du service de santé". 52. Letter of 21 November 1837 from Pierre de Schiervel to the Secretary of War, (RMAF, *Service de Santé*, no. 2194) : "un peu de jalousie de métier". 53. [Article reproduced from *Le Constitutionnel*], *Messenger de Gand*, 16 November 1837. 54. "Séance du 5 décembre 1837", in *Bulletin de la Société de Médecine de Gand*, no. 3, 1837, p. 186 : "dans l'intérêt de l'art, de l'humanité et de son propre honneur, faire connaître les moyens qu'il a vu réussir et qui, d'après lui, sont les plus convenables". 55. *Ibidem* : "la franchise qu'il a mise dans l'exposition de sa manière de faire; c'est ainsi que tout médecin devrait agir".

remark reveals that debates in the medical sciences needed to be performed in carefully circumscribed professional spaces. Medical societies' meetings, where an audience of colleagues was present, were considered the right spaces, while the general forum of newspapers was instead associated with an unscientific polemical and commercial form of communication.

Colson certainly opted for the "right" forum. In a lengthy speech, he elucidated the treatment used by the military physicians, gaining him the appreciation of his fellow members who thanked him for "the openness he displayed in the exposition of his method; this is the way all physicians should act", and decided to invite Fierens to the next meeting⁵⁶. Instead of attending the next meeting, however, Fierens wrote a letter to the Ghent society members in which he refused to engage in any scientific discussion. What followed was a sharp condemnation of Fierens' conduct. Another military physician, François Lutens, declared to "throw down my gauntlet to him" to defend the honor of the military physicians: "They [the military physicians] are accused of *ignorance*, and such an accusation comes from men who are not known from any special work, from any literary production on the matter. These men are only known by the ovations of which they were the object: they

announce miracles, they appear to possess secrets, specific methods, and their voices are heard!"⁵⁷.

As is clear from Lutens' speech, Fierens' refusal to engage debate, either by participating in a scientific meetings or through the medium of publications, collided with the newly spread scientific standards of an ophthalmology rooted in experiments and observations. The conflict, in essence, dealt with the very grounds of medical authority. For Fierens, such authority depended on public and political support, while for the military physicians, it was rooted in the professional approval of one's colleagues.

Despite Colson's efforts to start a scientific discussion, the controversy came to a close in the newspapers. Vleminckx and Colson eventually published open letters to defend themselves against Fierens' claims. In one of these letters, Vleminckx first repeated an older critique of the narcissism that lay beneath Fierens' philanthropy, to then integrate "science" in his own, alternative view of medical philanthropy, as he recalled the meeting of the Ghent Society from which Fierens had been absent, claiming that "the moment had come to prove that with the philanthropist [Fierens] came also a skillful man"⁵⁸. Such statements, however, did little

56. *Idem*, p. 193: "la franchise avec laquelle il a exposé sa méthode; c'est ainsi que tout médecin devrait agir". 57. *Idem*, p. 11: "On les accuse d'ignorance, et cette accusation part de quelques hommes qui ne sont connus par aucun travail spécial, par aucune production littéraire sur la matière. Ces hommes ne sont connus que par l'ovation dont ils ont été l'objet: ils annoncent des merveilles, ils ont l'air de posséder des secrets, des méthodes particulières, et leur voix est écoutée!". 58. "À M. le docteur Fierens", in *Messager de Gand*, November, 25, 1837: "le moment était venu pour prouver qu'avec le philanthrope se trouvait l'homme capable".

damage to Fierens' reputation. It was rather the reports of soldiers cured by Colson, well before Fierens could present such results, that were hurtful⁵⁹. The editors of the *Messenger de Gand* concluded that Fierens had become the plaything of the political struggle over the military health service, and "had seen all of his garlands wither on his head"⁶⁰. But neither did the army doctors benefit from the controversy (even if Colson's treatment was recognized as superior). It instead affirmed an older image of medical disagreement on military ophthalmia. "These quarrels of medics and certified healers evoke little interest in the country", the same editors had already concluded⁶¹. Together with the parliamentary debates, public disputes reinforced a negative image of the army doctors, which corresponded to the unsavory reputation of the army as a whole. As long as Vleminckx was seen as one of the "crooks" of the military health service, military physicians' ophthalmological skills rarely benefitted from the contemporary appreciation for medical philanthropy and citizenship.

IV. Separate Roads

By the late 1840s, past efforts to contain military ophthalmia were looked at with a new self-consciousness. Most military physicians

now recognized that the ophthalmia epidemic had gone beyond the army and affected the general population. Frédéric Hairion, the director of the military ophthalmological institute in Leuven, did not mince his words : the decision made in 1834 to send infected soldiers home to recover had caused "deplorable consequences"⁶². New recruits now often entered the army with eye infections contracted at home, potentially setting in motion anew the circulatory spreading of the disease between army and society. For Hairion, it was clear that further measures were needed both within and outside of the army. "The treatment [of ophthalmia] demands special knowledge", he added, "which one does not generally find among civilian practitioners, and with which the young physicians who graduate from the universities are often not familiar"⁶³. Knowledge *about* the disease, Hairion seemed to suggest, was to travel *with* it, and likewise spread from the army to civilian society.

The creation of "civilian" ophthalmological institutes testified to such knowledge transfer. For Florent Cunier, who founded the first of these in Brussels in 1840, its opening went along with a professional shift from military service to civilian practice. As Cunier reflected on his career, "my position as an army doctor

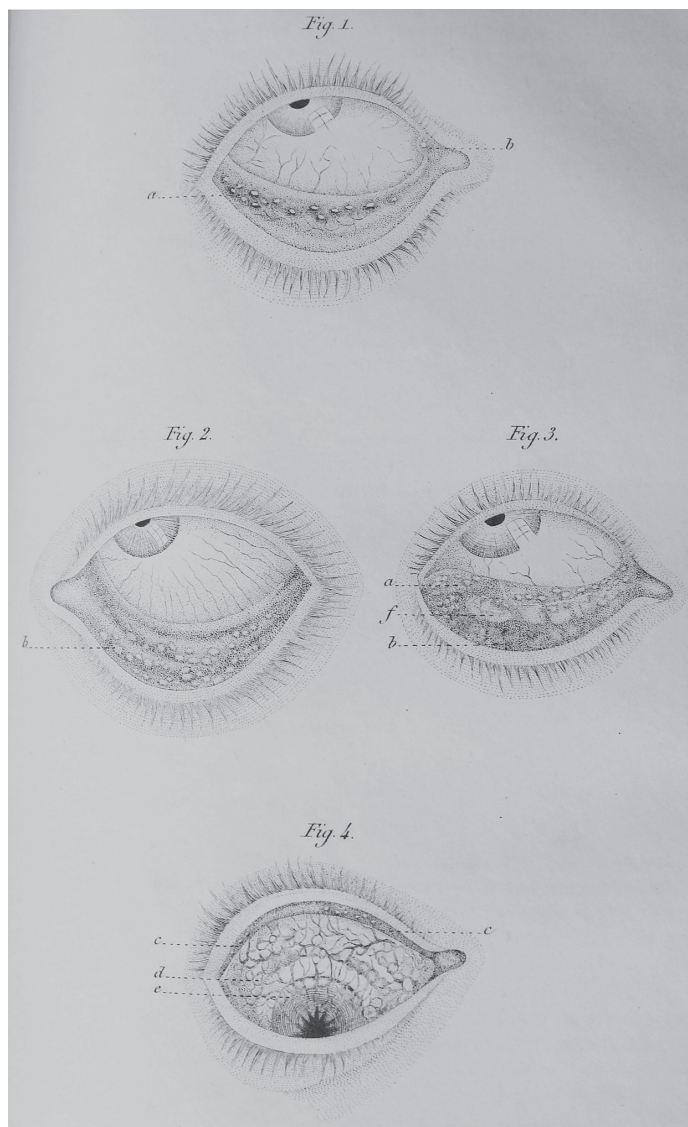
59. Letter of 30 November 1837 from Vleminckx to the Secretary of War (RMAF, *Service de Santé*, no. 2199). 60. *Messenger de Gand*, 24 March 1838 : "vient de voir toutes ces couronnes flétries sur sa tête". 61. *Messenger de Gand*, 5 December 1837 : "cette querelle d'esculapes et de guérisseurs brevetés intéresse fort peu le pays". 62. FRÉDÉRIC HAIRION, "Nouvelles considérations pratiques sur l'ophtalmie de l'armée", in *Archives de médecine militaire*, no. 2, 1848, p. 5-20, 73-84 and 141-160 : "déplorables conséquences". 63. *Idem*, p. 77-78 : "le traitement exige des connaissances spéciales, qu'on ne trouve pas généralement chez les praticiens civils, et auxquelles les jeunes médecins sortant des universités sont aussi bien souvent étrangers".

was for me the occasion to give a special direction to my medical studies... now having barely entered civilian life, I have come to establish myself in Brussels to devote myself to the special practice of ophthalmology"⁶⁴. At the same time, Cunier became responsible for the two rooms dedicated to eye diseases in the Brussels St.-Jean Hospital. Cunier's career trajectory was not unique. Several military physicians with a background in treating ophthalmia became engaged in civilian initiatives. Soon after Cunier's institute, similar institutes and dispensaries were created in Liège, Verviers, Namur, Mons and Ypres, and most of them were run by (former) army doctors⁶⁵. In 1847, the *Annales d'Oculistique* reported, with some surprise, Constant Loiseau's resignation from military service. Loiseau, who had been the founder of the ophthalmological institute of Namur two years earlier, "has in this way sacrificed twenty-nine years of service to devote himself henceforth to civilian practice and to fully care for the Institute that he directs"⁶⁶.

What were the reasons for this change-over to the civilian world? The ophthalmological

institutes, first of all, offered a potential for clinical study that exceeded the research opportunities within the army. As their quarterly reports show, each of these institutes and dispensaries treated several hundreds of patients annually, offering opportunities to study, for example, the social geography of the disease. In 1848, Cunier concluded that military ophthalmia reigned mostly among the "bricklayers, carpenters, and more generally the workers who are packed in the tenements in Brussels and its suburbs"⁶⁷. Besides scientific potential, the ophthalmological institutes conferred a certain prestige upon their directors. They represented a form of good citizenship and philanthropy – a prestige similar to that enjoyed by Jean Fierens. Funded through a combination of private gifts and provincial subsidies, the new institutes were typical of the hesitant ways in which civilian society managed public health. Cunier's institute was initially financed by donations and the private means of its volunteer physicians, but soon received a subsidy from the provincial council of Brabant and from the royal family⁶⁸. Cunier himself was also awarded the title of "royal" physician-

64. FLORENT CUNIER, "Compte rendu des maladies observées au dispensaire ophthalmique de Bruxelles, pendant le troisième trimestre 1840", in *Annales d'oculistique*, no. 4, 1840-1841, p. 73 : "ma position de médecin militaire a été pour moi l'occasion de la direction spéciale que j'ai imprimée à mes études médicales (...) à peine rendu à la vie civile (...) je suis venu me fixer à Bruxelles pour m'y livrer à la pratique spéciale de l'oculistique". 65. The section *Nouvelles* in the *Annales d'oculistique* reports of the creation of these institutes in the course of the 1840s. 66. "Chronique", in *Annales d'oculistique*, no. 18, 1847, p. 192 : "M. Loiseau a ainsi sacrifié vingt-neuf années de services pour se vouer désormais à la pratique civile et donner tous ses soins à l'Institut qu'il dirige". 67. "Clinique ophthalmologique de M. Cunier", in *Archives de médecine militaire*, no. 1, 1848, p. 337-339 : "les maçons, les menuisiers, et en général les ouvriers vivant par brigades dans les logements de Bruxelles et des faubourgs". In the foreign medical press as well, Cunier's institute was praised for the opportunities it offered for the advancement of specialized research : EDWIN LEE, "Mr. Lee on Belgian Medical Institutions", in *The London Medical Gazette*, 22 and 29 September 1843, p. 898-900, 931-933. 68. On the subsidy of 200 F. by the provincial government : "Variétés", in *Annales d'oculistique*, no. 5, 1841, p. 176. On the gift of 200 F. from the royal family : "Variétés", in *Annales d'oculistique*, no. 6, 1841-1842, p. 52.



The different stages of granulations of the conjunctiva around the eyes, typical of 'military ophthalmia'. Those affected were hence called des granulés. (FRÉDÉRIC HAIRION, "Mémoire sur l'anatomie pathologique des granulations palpébrales", in *Annales d'Occulistique*, 13, 1850, p. 109-126)

oculist⁶⁹. Much more than his medical work in the military, it was his philanthropic work that brought him prestige in his late career.

The creation of civil institutes also marked a new phase in the development of ophthalmology as a scientific specialty. Without a doubt, the ophthalmia epidemic had expedited an early specialization in the 1820s and 1830s. In Ghent and Leuven, chairs in ophthalmology had been created and a specialist journal had been founded. But these developments were tied up with the leading position of army physicians in the medical world. The challenge now seemed to lie in turning ophthalmology into an academic specialty in its own right. For Hairion, the increasing appearance of ophthalmia among the Belgian population at large necessitated additional clinical education. Medical students were to visit the ophthalmological institutes as an extension of their theoretical courses in ophthalmology. He also pleaded for the inclusion of ophthalmology in the medical examinations⁷⁰. The Secretary of Internal Affairs as well saw a major role for these civilian institutes as he summoned their directors in 1847 to discuss a national strategy against ophthalmia – the pro-

blem now fell under his administration rather than under the Ministry of War⁷¹. Ten years later, the first international conference on ophthalmology was held in Brussels, another step in its transformation into an autonomous specialty, apart from military medicine⁷².

Parallel to this process, the priorities of the military health service shifted as well. In the late 1840s, a new policy for the scientific advancement of military medicine was set out. Monthly gatherings of army doctors in each of the military hospitals were initiated, during which all sorts of scientific and therapeutic questions could be discussed⁷³; agreements were made with the universities to allow army doctors to follow additional courses⁷⁴; and a new journal was created, the *Archives de médecine militaire*, of which Armand Meynne became the editor-in-chief⁷⁵. All these efforts contributed to the ambition, in Meynne's words, "to give our profession a marked character of specialization"⁷⁶. Not all aspects of medical practice, in Meynne's view, were as important to the army doctor. Legal medicine, obstetrics and psychiatry were deemed far less central to military medicine than the study of fevers, and in particular, the study

69. "Chronique", in *Annales d'oculistique*, no. 15, 1846, 261. 70. FRÉDÉRIC HAIRION, "Nouvelles considérations...", p. 77-78. 71. "Chronique", in *Annales d'oculistique*, no. 18, 1847, p. 60. 72. EVARISTE WARLOMONT, *Congrès d'ophtalmologie de Bruxelles*, Paris, 1858. 73. "Revue des conférences scientifiques", in *Archives de médecine militaire*, no. 1, 1848, p. 60. 74. "Nouvelles et fait divers", in *Archives de médecine militaire*, no. 1, 1848, p. 101-103; "Nouvelles relatives au service de santé", in *Archives de médecine militaire*, no. 1, 1848, p. 426, and no. 2, 1848, p. 406-407. 75. On Meynne's career : KAREL VELLE, "Armand Joseph Meynne : legerarts en sociaal denker", in *Er is leven voor de dood : tweehonderd jaar gezondheidszorg in Vlaanderen*, Kapellen, 1998, p. 108-110. In France as well, military physicians started to publish their own journal in this period : CLAIRE FREDI, "Une maison d'édition au service d'une profession : Victor Rozier (1824-1890) et la médecine militaire", in *Revue d'Histoire du XIX siècle*, no. 39, 2009 (2), p. 59-76. 76. [Préface], *Archives de médecine militaire*, no. 1, 1848, p. iv : "un caractère marqué de spécialité".

of hygiene, “a vast field that remains to be explored”⁷⁷. In the *Archives* Meynne rolled out a program of “hygienist” research, which comprised medical topography and statistics, food inspection and sanitation – research topics which “will find a solution much more easily with us than with our civilian colleagues, who do not have, as we do, the advantage or the occasion to make observations across the entire country and in almost identical conditions”⁷⁸. The experimental advantages of military medicine, previously applied to ophthalmology, were now recast in hygienist terms.

How did ophthalmology fit into this new program? According to Meynne, army doctors should not “abandon a study that has cost us so many days and nights of laborious research (...) at a moment when the medical corps of the Belgian army may claim such a beautiful page in the history of the medical arts”⁷⁹. This reasoning, however, also unveiled the image of ophthalmological research as something of the past, a successful tradition rather than a promising and innovative field of research. During the monthly conferences for army doctors, the treatment of eye

infections featured sporadically, but received far less attention than the numerous lectures on ventilation, healthy food and exercise, each of which had to be “in harmony with the rules of hygiene”⁸⁰. When the subject of ophthalmia was brought under the attention of the army doctors, the difficult chronic cases were discussed, “those men whose condition sometimes creates despair among physicians”⁸¹. On other occasions, the necessity of cauterization was emphasized – yet those lectures were more about refreshing “old” knowledge than about setting up new research⁸².

The promotion of hygiene thus surpassed the fight against ophthalmia among the priorities of the military health service in the second half of the century. More than a shift in expertise, the stronger focus on hygiene also impacted military physicians’ position within the army. It allowed them to better present their work as part of the army’s overall ambitions, which now focused less on preparing soldiers for war and more on turning them into proper citizens. Hence the imagery of the army as a “school for the nation”⁸³. Medical theories on

77. *Ibidem* : “un vaste champ à explorer”. Nevertheless, psychiatry would increasingly receive scholarly attention among military physicians in the second half of the 19th century : RUBEN DEBUSSCHERE, *De militaire psychiatrie in België voor de Eerste Wereldoorlog. Verkenning van een discipline in wording*, master thesis, KU Leuven, 2013. 78. [Préface]..., “trouveront chez nous une solution plus facile que chez nos collègues de l’ordre civil, qui n’ont point, comme nous, l’avantage ou l’occasion de faire des observations sur toute la surface du pays et dans des conditions à peu près identiques”. 79. *Ibidem* : “ce n’est pas au moment où le corps médical de l’armée belge peut revendiquer une si belle page dans cette partie de l’art médical, que nous abandonnerions une étude qui nous a coûté tant de veilles et de laborieuses recherches”. 80. *Archives de médecine militaire*, no. 1, 1848, p. 226-227 : “en harmonie avec les exigences de l’hygiène”. 81. L.F. FROMONT, “Note sur le traitement des granulations palpébrales au moyen de la teinture d’iode”, in *Archives de médecine militaire*, no. 1, 1848, p. 441-444 : “ces hommes dont l’affection fait parfois le désespoir des médecins”. 82. “Nouvelles relatives au service de santé”, in *Archives de médecine militaire*, 2, 1848, p. 343-346. 83. JOSEPHINE HOEGAERTS, *Masculinity and Nationhood, 1830-1910. Constructions of Identity and Citizenship in Belgium*, *Genders and Sexualities in History Series*, Basingstoke,

ARMÉE BELGE.



A political cartoon testifying of the poor reputation of Belgium's military health service. EDOUARDUS BRAUD, "Armée Belge : Service de santé, pharmacien, médecin, vétérinaire", Ostende, 1865. (Collection Royal Museum of the Armed Forces and Military History)

hygiene fit in well with the positive imagery the army leadership aimed to construct. As medical metaphors were used increasingly to describe the state of the country from 1850 onwards – ranging from a “healthy” to a “degenerated” nation – the army too became seen in terms of the health of soldiers’ bodies. Physicians such as Meynne were now consulted for the architectural design of new army barracks, which were to be spacious and well-ventilated. And for soldiers’ “moral” improvement, a certain hygienic consciousness was likewise regarded as essential⁸⁴. This link between hygiene and morality became a central element in all sorts of health campaigns (e.g. against alcoholism, venereal diseases etc.) in the late nineteenth-century Belgian army⁸⁵.

V. Conclusion

What has a medical historical approach added to our understanding of the position of the Belgian army in nineteenth-century society? Army doctors’ struggles against military ophthalmia, a disease often associated with the army, but never strictly confined to the military sphere, reveal continuous interactions between the military and the civilian world. In the 1830’s and 1840’s, the members of the military health service participated in a civilian scientific world of academies, societies and journals. In constructing their authority as specialists on the disease, army doctors rarely competed with their civilian colleagues. They

rather shaped their own profile by reacting against those outside of the Belgian scientific community, such as – in their eyes – untrained “oculists”, foreign ophthalmologists without sufficient “local” knowledge and “miracle-working” doctors who manipulated the public. The early development of ophthalmology as a specialized field reveals, above all, that no clear boundaries were set between “military” and “civilian” medicine. Ophthalmology rather developed parallel to the ophthalmia epidemic, following the disease as it spread within and outside the army, shaping the careers of the first generation of specialists in the process. The easy “switch-over” of several prominent army doctors from military to civilian medical practice testifies to these permeable boundaries.

This does not mean, however, that military medicine had no distinguishing features. In terms of the opportunities for medical study, the army’s clinical infrastructure and hierarchical *modus operandi* created ideal circumstances for experimental therapies – here lay the basis for military physicians’ fame as specialists in the disease. But the army was also sensitive to outside interference. The press campaigns of the rural doctor Jean Fierens tapped into the widely felt discontent with the military health service and its incapacity to contain the epidemic. Such discontent was felt both in the parliament and in society at large. It ensured that army doctors’ efforts were not over with a fine-toothed comb; their failures magnified in the general press

2014, p. 43-52; LIESBET NYS, “De grote school van de natie. Legerartsen over drankmisbruik en geslachtsziekten in het leger, 1850-1950”, in *Degeneratie in België, 1860-1940. Een geschiedenis van ideeën en praktijken*, Leuven, 2003, p. 79-118. ⁸⁴. JOSEPHINE HOEGAERTS, *Masculinity...*, p. 43-52. ⁸⁵. NYS, “De grote school...”, p. 79-118.

and made part of a political debate over the very position of the army. Put differently, their affiliation with the army, so often criticized for the unhealthy living conditions of its soldiers, made it difficult for them to construct a strong professional image. The doctor in Conscience's novel was tellingly a retired army physician, who was praised for his philanthropy in the civilian world – not an active army doctor who successfully controlled the epidemic. Army doctors were well aware of this. The ambition of the military health service was precisely to counter this public image, which cast a shadow over their efforts.

Finally, by juxtaposing the debates on military ophthalmia in different settings – newspapers, scientific journals, the Belgian parliament, medical societies and the military health service – this article has also shown the potential of broadening the history of the Belgian army by including its role as an

actor in the medical and scientific fields. Attention to developments “outside” of the army, such as the foundation of scientific journals and academic chairs or philanthropic initiatives, allows for a better understanding of the “internal” decision making within the military. As the case of the military health service has illustrated, army doctors not only participated in these civilian initiatives, the choices that they made as part of their military work also responded to these developments in civilian society. Understanding this interconnection allows to better assess the impact of their medical activities. Contrary to contemporary public perception, the Belgian army was a key site of scientific knowledge production in the mid-nineteenth century, which certainly proved essential to the development of ophthalmology. Whether this holds true for other medical subfields as well (e.g. hygiene studies) remains to be explored.

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